

PTO/SB/17 (12-04w2)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318).**FEE TRANSMITTAL
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$450.00)

Complete if Known

Application Number	10/084,705
Filing Date	February 26, 2002
First Named Inventor	Poul Baad Rasmussen
Examiner Name	Seharaseyon, Jegatheesan
Art Unit	1647
Attorney Docket No.	0228us410

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **50-0990** Deposit Account Name: **Maxygen, Inc.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
12	- 20 or HP = 0	x 0 = 0	0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	- 3 or HP = 0	x 0 = 0	0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Description	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge); Petition for Extension of Time (enclosed herewith)	450.00

SUBMITTED BY

Signature	<i>Margaret A. Powers</i>	Registration No. 39,804 (Attorney/Agent)	Telephone (650) 298-5809
Name (Print/Type)	Margaret A. Powers	Date	Dec. 22, 2004

Certificate of Mailing under 37 C.F.R. §1.8

I hereby certify that this is being transmitted by facsimile to the United States Patent and Trademark Office to facsimile number 703-872-9306 on the date below:

Typed or Printed Name: **Margaret A. Powers**Signature: *Margaret A. Powers* Date: **December 22, 2004**

DEC 22 2004

MAXYGEN

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FACSIMILE COVER SHEETTotal No. of Page(s): 6 (including this sheet)

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By: _____

Margaret A. Powers

Attorney Docket No: 0228us410

In re application of:

Poul Baad Rasmussen, *et al.*

Application No.: 10/084,706

Filed: February 26, 2002

For: New Interferon Beta-Like
Molecules

Examiner: Seharaseyon, Jegatheesan

Art Unit: 1647

TO BE MADE OF OFFICIAL RECORDEnclosed in this facsimile transmission are:

1. This Facsimile Cover Sheet (one page)
2. Response to Restriction Requirement (two pages)
3. Petition for Extension of Time Under 37 CFR § 1.136(a) (one page) (plus one copy)
4. Fee Transmittal for FY 2005 Sheet (one page)

6 pages total

Please contact Margaret Powers at (650) 298-5809 if you have any problems receiving this transmission.

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On: December 22, 2004

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Attorney Docket No: 0228us410

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Margaret A. Powers

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Poul Baad Rasmussen, *et al.*

Application No.: 10/084,706

Filed: February 26, 2002

For: New Interferon Beta-Like Molecules

Examiner: Seharaseyon, Jegatheesan

Art Unit: 1647

**RESPONSE TO RESTRICTION
REQUIREMENT**

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

In response to the Office Action dated October 6, 2004, Applicants respectfully request reconsideration of the above-identified application in view of the following remarks. Also enclosed herewith are: (1) a Petition for Extension of Time to respond, requesting extension of the time period for response for two months from November 6, 2004 to January 6, 2005; (2) a Fee Transmittal FY2005 Sheet; and (3) Facsimile Cover Sheet.

- Remarks begin on page 2 of this paper.